

The American Association for the Study of Liver Diseases (AASLD), the American College of Gastroenterology (ACG), the American Gastroenterological Association (AGA) and the American Society for Gastrointestinal Endoscopy (ASGE) have developed this guide to help our members stay informed and navigate new rules related to telehealth services during the Coronavirus Disease 2019 (COVID-19) public health emergency (PHE).

## **Top Five Things Gastroenterologists Should Know About Telehealth**

- 1. What Has Changed with Telehealth Services** - [CMS has expanded](#) access to telemedicine services for all Medicare beneficiaries, not just those that have novel coronavirus, for the duration of the COVID-19 PHE. Effective immediately, Medicare will make payments for telehealth services furnished in the home and any healthcare facility in addition to existing coverage for originating sites including physician offices, skilled nursing facilities and hospitals. Telehealth service can now be reported for new patients as well as existing patients. Additionally, telehealth services will be paid under the Medicare Physician Fee Schedule at the same amount as in-person services
- 2. Who Can Provide Telehealth Services** - Hospitals and a range of clinicians, including doctors, nurse practitioners, clinical psychologists, nutrition professionals, and licensed social workers may now provide telehealth. As part of COVID-19 emergency declarations, many Governors have relaxed licensure and other state telehealth requirements so please contact your state board of medicine or department of health for up-to-the minute information.
- 3. What Communication Medium is Required** - Clinicians and patients must use an interactive audio and video telecommunications system that permits real-time communication to provide telehealth to patients during the COVID-19 PHE. This includes telehealth software, but FaceTime and Skype are also examples of acceptable platforms. This exercise of discretion applies to telehealth provided for any reason, regardless of whether the telehealth service is related to the diagnosis and treatment of health conditions related to COVID-19. Penalties will not be imposed on physicians using telehealth in the event of noncompliance with the regulatory requirements under the Health Insurance Portability and Accountability Act (HIPAA). *Note: Telephone consultation CPT codes continue to have a non-billable status indicator under Medicare.*
- 4. Impacts on Patient Co-Pay** - Standard Medicare copays and deductibles still apply to telemedicine visits, but there's flexibility. During the coronavirus emergency, health providers will be allowed to waive or reduce cost-sharing for telehealth visits.
- 5. How Do I Bill for Telehealth and other e-Visit Services** – Below is a listing of common CPT codes and Medicare coverage for telemedicine services

## **Telehealth Visits**

Medicare telehealth services include office visits and consultations, among other services, provided by an eligible provider who is not at the patient's location using an interactive 2-way telecommunications system with real-time audio and video. New rules allow clinicians to report telehealth visits for both new and established patients on any real-time, non-public communication platform, such as FaceTime and Skype, and sets payment the same as in-person E/M visits during the COVID-19 PHE (see FAQs above).

To report a telehealth Evaluation and Management (E/M) visit, select the appropriate code (99201-99215) and use Place of Service (POS) 02-Telehealth to indicate you furnished the billed service as a professional telehealth service from a distant site. Appending the GT modifier is no longer required by Medicare because POS code 02-Telehealth replaced the GT modifier (*Via interactive audio and video telecommunications systems*) in 2018. Note that modifier GQ (*Via asynchronous telecommunications system*) is required if the physician or practitioner is affiliated with a federal telemedicine demonstration conducted in Alaska or Hawaii.

## **E/M Values and National Payments**

Below are a list of codes and their physician work Medicare relative value units (RVUs) and approximate National office-based payment. E/M code levels must be assigned based on current Medicare E/M coding guidelines and rules.

New Patient E/M Visits				Established Patient E/M			
	RVU	Typical Time	National Payment		RVU	Typical Time	National Payment
<b>99201</b>	0.48	10	\$47	<b>99211</b>	0.18	5	\$23
<b>99202</b>	0.93	20	\$77	<b>99212</b>	0.48	10	\$46
<b>99203</b>	1.42	30	\$109	<b>99213</b>	0.97	15	\$76
<b>99204</b>	2.43	45	\$167	<b>99214</b>	1.5	25	\$110
<b>99205</b>	3.17	60	\$211	<b>99215</b>	2.11	40	\$148

\*A list of all available codes for telehealth services can be found on the [CMS website](#).

## **Online Digital Visits**

Digital visits and/or virtual check-in codes services are furnished using broader range of communication methods, unlike Medicare telehealth visits, which require audio and visual capabilities for real-time communication. Communication must be patient initiated and cannot result from or lead to an E/M service. Code selection is time-based. Report HCPCS code G2010 or G2012 for Medicare patients. Report the CPT code for commercial payers, but be aware that some may not pay for 99241-99243 because Medicare does not recognize it as a covered service.

**CPT Code 99421** - Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes **[0.25 RVUs; \$15]**

**CPT Code 99422** - 11-20 minutes **[0.50 RVUs; \$31]**

**CPT Code 99423** - 21 or more minutes **[0.80 RVUs; \$44]**

**HCPCS Code G2010** - Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment **[0.18 RVUs; \$12]**

**HCPCS Code G2012** - Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion **[0.25RVUs; \$15]**

### **Telephone Evaluation and Management Service**

CPT codes to describe telephone evaluation and management services have been available since 2008. Code selection is time-based. Relative values are assigned to these services. However, Medicare still currently considers these codes to be non-covered. Private payors may pay for these services.

**CPT Code 99441** - Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion **[0.25RVUs; \$15]**

**CPT Code 99442** - 11-20 minutes of medical discussion **[0.50RVUs; \$31]**

**CPT Code 99443** - 21-30 minutes of medical discussion **[0.75RVUs; \$39]**

### **e-Consultations**

e-Consultations are interprofessional telephone, internet or EHR provider-to-provider consultations. Code selection is time-based.

**CPT Code 99446** - Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review **[0.35 RVUs; \$18]**

- CPT Code 99447** - 11-20 minutes of medical consultative discussion and review **[0.70 RVUs; \$37]**
- CPT Code 99448** - 21-30 minutes of medical consultative discussion and review **[1.05 RVUs; \$56]**
- CPT Code 99449** - 31 minutes or more of medical consultative discussion and review **[1.40 RVUs; \$74]**

**CPT Code 99451** - Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 minutes or more of medical consultative time **[0.70 RVUs; \$37]**

**CPT Code 99452** - Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes **[0.70 RVUs; \$37]**

*Note –For commercial payers, check with your individual payer's policies directly for more information on coverage for telemedicine services.*

CMS designed a CPT code selection grid located at the bottom of [Medicare Telemedicine Health Care Provider Fact Sheet](#).

### **New CPT Coding to report COVID-19 testing**

The American Medical Association (AMA) has created a new category I Pathology and Laboratory code (87635) for severe acute respiratory syndrome coronavirus 2 (SARS-2-CoV-2) (Coronavirus disease [COVID-19]) accepted at the March 2020 CPT Editorial Panel meeting. This code is effective March 13, 2020 and will be published in the CY2021 AMA CPT Guide.

87635 - Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique

Source: <https://www.ama-assn.org/system/files/2020-03/coronavirus-long-descriptors.pdf>

### **New ICD-10 Code to report suspected COVID-19**

An emergency ICD-10 code of U07.1 - 2019-nCoV acute respiratory disease

- For suspected COVID-19, not confirmed or ruled out at the encounter, report codes for the presenting signs and symptoms.
- Do not report a code for coronavirus when this diagnosis is not stated in the medical record
- Possible associated diagnosis codes:
  - J12.89: Other viral pneumonia

- B97.29: Other coronavirus as the cause of diseases classified elsewhere
- Z20.828: Contact with and (suspected)exposure to other viral communicable disease
- Z03.818: Encounter for observation for suspected exposure to other biological agents ruled out

Source - <https://www.cdc.gov/nchs/data/icd/Announcement-New-ICD-code-for-coronavirus-2-20-2020.pdf>

## **Additional Resources**

For the latest information on federal policy and payment changes related to telehealth in the midst of COVID-19, visit the [\*\*CMS Current Emergencies site\*\*](#).

Specific announcements expanding access to telehealth services include:

[\*\*Medicare Telemedicine Health Care Provider Fact Sheet\*\*](#)

[\*\*Medicare Telehealth Frequently Asked Question - 3-17-20\*\*](#)

[\*\*FAQs on Catastrophic Plan Coverage and the Coronavirus Disease 2019 \(COVID-19\)\*\*](#)

[\*\*Telehealth benefits Medicare are lifeline patients during coronavirus outbreak\*\*](#)

[\*\*CMS issues guidance help Medicare Advantage and Part D plans respond - Covid-19\*\*](#)

CMS [\*\*Telehealth Services MLN Booklet\*\*](#)

Center for Connected Health Policy [\*\*Quick Guide to Telemedicine in Practice\*\*](#)

AMA - [\*\*COVID-19 Physician Resource Center\*\*](#)